

Summary of DURB Recommendations

June 25, 2014

Meeting Date	Action Item	Status/DURB recommendation	Impact/Comments
October 2012	Protocol for low dose quetiapine (Seroquel®) - Deferred until more data is collected	Continue to monitor and present more data to Board at a later date	n/a
October 2012	Protocol for HIV Pre-EP (HIV Pre-exposure Prophylaxis)	The Board reviewed a six month report for monitoring the use of PrEP medication, tenofovir/emtricitabine. Of the eight patients reviewed during this period, only one patient was confirmed to be taking this product for HIV prophylaxis. The Board concluded that a protocol is not needed at this time.	Utilization not an issue at this time.
January 2013	Utilization of oral diabetic medications	<ul style="list-style-type: none"> - Questionnaire results reviewed by the Board in April 2013 meeting. - Board recommended that a questionnaire be sent to prescribers and an educational newsletter distributed. - Educational newsletter approved by the Board in June 2013 meeting. 	n/a
April 2013	<p>Singulair® protocol</p> <p>Advair® protocol - The Board requested an educational newsletter on proper use of this product and similar products.</p>	<p>DURB recommended removal of this protocol since there was minimal impact.</p> <p>Newsletter reviewed and approved by the DURB in Oct 2013 meeting.</p>	<p>Singulair® protocol rescinded.</p>
June 2013	<p>Educational Newsletter (NL)</p> <p>Protocol Review:</p> <ol style="list-style-type: none"> 1. Modafanil 2. Atypical Antipsychotics 3. Omega-3-Acid ethyl esters 4. NSAIDs 	<p>The Board reviewed and approved a newsletter for “Type II Diabetes Treatment Options.”</p> <ul style="list-style-type: none"> • The Board requested further clarification of the HMO’s protocol criteria, as well as information on the HMO’s appeal process. • The Board suggested an adjustment to the FFS omega-3 ethyl esters protocol. • The Board also requested an educational newsletter for the management of acute pain. 	<p>NL available on DURB website</p> <p>Board reviewed HMO responses in Oct 2013 and April 2014 meeting.</p> <p>Board approved NL for Acute pain in April 2014 meeting</p>
October 2013	<p>Educational Newsletter</p> <p>Protocol Review and Comparison:</p> <ol style="list-style-type: none"> 1. Biologic Response Modifiers 2. Dronedarone (Multaq®) 3. HGH 4. Palivizumab (Synagis®) 5. Protease Inhibitors for Hep C 	<p>The Board reviewed and approved “Long-acting beta agonists in Asthma and COPD” newsletter.</p> <ul style="list-style-type: none"> • The Board suggested monitoring of HMOs step therapy with a report that would display frequency of requests, approvals, denials, etc. for last-line step therapy. • The Board suggested for plan A to review and update Synagis® protocol 	<p>NL available on DURB website</p> <p>Board reviewed HMO responses April 2014 meeting.</p> <p>Confirmed that Plan A follows 2012 AAP guidelines for Synagis®</p>

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January 2014	<p>Educational Newsletter</p> <p>Protocol Review and Comparison:</p> <ol style="list-style-type: none"> 1. Buprenorphine/naloxone 2. Tadalafil for BPH 	<p>The Board suggested modification of the NL for Acute Pain and Treatment Options.</p> <ul style="list-style-type: none"> • No specific issues or concern was raised about the protocol. • Concern that Plan D included the use of tadalafil for erectile dysfunction is contrary to State regulations. 	
April 2014	<p>Educational Newsletter</p> <p>Protocol Review and Comparison:</p> <ol style="list-style-type: none"> 1. Ranolazine (Ranexa®) 2. Inhaled corticosteroids/LABA combination 3. Low molecular weight heparin 	<p>The Board reviewed and approved the revised newsletter on “Acute Pain Treatment Options”.</p> <ul style="list-style-type: none"> • The Board expressed concern with the protocol for inhaled corticosteroids/LABA combination. They recommended a 30 day period to demonstrate failure instead of 60 days. 	NL sent to Commissioners for signatures